

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	1					
3						
4						
5						
6						
7						
8						
9						
10						
11		2				
12						
13	1					
14						
15						
16						
17						
18		2				
19						
20	1					
21	1					
22	1					
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35	1					
36						
37						
38						
39	1					
40						
41						
42	1					
43	1	2				
44		3				
45		3				
46						
47						
48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.	91					
TOTAL CLAIMS	99					

IND	DEP	IND	DEP	IND	DEP
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
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91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					